



Pembury Fitness

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Personal Training Agreement

Health Questionnaire:

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Have you ever had asthma, chronic bronchitis or any other chest ailments?
5. Do you suffer from severe back pains or any orthopedic problem?
6. Are you recovering from a recent illness / operation or injury?
7. Are you pregnant? If yes, how many months?
8. Have you ever suffered with epilepsy?
9. Do you lose your balance because of dizziness or do you ever lose consciousness?
10. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
11. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure, heart condition or for any other reason?
12. Have you or somebody in your household tested positive for covid-19 within the last 21 days?
13. Do you know of any other reason why you should not do physical activity?



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1) My commitment to you

a. Confidentiality.

All information you give me will be kept in confidence. Your personal details and medical information will not be made available to third parties unless permission to do so is granted by you.

b. Recommendations.

Using my judgment and experience, I will suggest certain exercises and other lifestyle advice that I believe will help you achieve your personal goals, but if at any time you have specific requests please tell me so I can accommodate them.

c. Referral.

I intend to work with you within the scope of my knowledge and competencies as a Qualified Personal Trainer. Therefore when I believe it is in your best interests to see another health professional, I will refer you appropriately.

d. If I cancel the session or the session runs late.

Unforeseen circumstances may arise which require our sessions to be rescheduled. In this event the following policy will apply:

- If I am forced to cancel our session within 24 hours I will make up the session at no charge to you.
- If I am forced to cancel our session giving you more than 24 hours' notice I will reschedule as soon as possible.
- If I run late in starting our session I will extend the session time accordingly or make it up at a future date, whichever is most convenient to you.

2) Your responsibilities to me

a. Disclosure of information.

Please disclose all health information as requested at our initial consultation and keep me updated and informed of any changes to your health status. This includes all medical conditions; physical and mental, injuries, allergies, and medication you are taking. If necessary, you may need to seek clearance from your doctor before participation in the exercise programme I recommend.

b. Accepting potential risks.

Whilst for most people exercise is hugely positive with many health benefits, there remains some risk that I require you to be aware of and for you to sign the informed consent and disclaimer that I have provided within this agreement.

PLEASE NOTE: In the event that you need to reschedule or you are running late for a session, please contact me ASAP by phone or text on 07876 787869 or via email: pemburyfitness@btinternet.com



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d. Session Term Session Length Minutes: 60 minutes

e. Payment Options

All payments need to be paid in full at the time of booking on my website
www.pemburyfitness.co.uk

f. Being prepared for your session.

To get the most out of your session I recommend the following:

- Have a small snack or light meal two or three hours before your session
- Be sure you are well hydrated and avoid alcohol prior to training
- If you are feeling unwell before your session please contact me
- Bring a mat, small towel and water bottle to your session
- Wear appropriate clothing and footwear (ask me if you are unsure)
- Be ready at the appointed time

3) Terms of this agreement

The client understands that they are paying the Personal Trainer for their services as outlined in this agreement. In the event that the client doesn't use the services, the client will still be responsible to make payment for the full initial term as agreed above.

The Personal Trainer will deliver their sessions and advice to the best of their ability.

The client agrees to make all payments by the due date.

ACKNOWLEDGEMENT OF THIS AGREEMENT - I have read and understood this agreement. A copy will be provided to the client within 7 days.

Client's Name: Signature: Date:

Personal Trainers Name: Signature: Date: